

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-042876

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 002

Registrar's No. 5745

STATE FILE NUMBER

FILED NOV 26 1962

1. PLACE OF DEATH

a. COUNTY JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN KANSAS CITY

Length of stay in 1b  
37 YEARS

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION RESEARCH HOSPITAL

Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE MISSOURI COUNTY JACKSON

c. CITY OR TOWN KANSAS CITY

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
3126 FOREST AVENUE

Reside on Farm  
Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First Middle Last  
CLARA BERTHA REGAN

4. DATE OF DEATH Month Day Year  
NOVEMBER 12 1962

5. SEX FEMALE

6. COLOR OR RACE WHITE

7. Married ☐ Never Married ☒  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH 4/25/1890

9. AGE (last birthday) 72

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
CLERK

10b. KIND OF BUSINESS OR INDUSTRY  
JACKSON COUNTY RECORDER'S OFFICE

11. BIRTHPLACE (City and state or country)  
ESBON, KANSAS

12. CITIZEN OF WHAT COUNTRY  
U. S. A.

13a. FATHER'S NAME

MATHIAS REGAN

13b. MOTHER'S MAIDEN NAME

MARGARET TIGHE

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  
NO

16. SOCIAL SECURITY NO.

17. INFORMANT  
MRS. ROSE HALE

Address  
3126 FOREST AVE.  
KANSAS CITY, MO.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carcinoma of breast

INTERVAL BETWEEN ONSET AND DEATH

4 years

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ NO ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 4-25-57 to 11-12-62 and last saw him alive on 11-11-62

Death occurred at 1:35 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Martin J. Mueller

22b. ADDRESS

6400 Prospect

22c. DATE SIGNED

11-12-62

23a. BURIAL, CREMATION, REMOVAL (Specify)  
CREMATION

23b. DATE NOV. 14, 1962

23c. NAME OF CEMETERY OR CREMATORY  
D.W. NEWCOMER'S SONS

23d. LOCATION (City, town, or county)  
KANSAS CITY

MISSOURI

24. FUNERAL DIRECTOR

ADDRESS

1331 BRUSH CR.  
D.W. NEWCOMER'S SONS KANSAS CITY, MO.

25. DATE RECD. BY LOCAL REG. 11-14-62

26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

Martin J. Mueller MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

1

2 3 528

3

4 1

5 0

6

7 1

8 1

9 170X

10

11

12 64-0

13

Dr. Martin J. Mueller  
Suite # 316, Research Medical Office Bldg. 6400 Grapes  
11:30 - 5:00

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Edward M. Storey

Licensed Embalmer No. 4452

P. O. Address K.C. 10 Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.